



MONTHLY REPORT OF OPERATION OF WATER TREATMENT PLANT

State Form 34609 (R8 / 12-12)

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

System Name East Chicago Water Dept. POE 1 PWSID Number 5245012
For the Month of August 2016 IDEM Field Rep. Mahoney
Signed [Signature] Title Plant Manager
Certification Number SE 018556

I certify, under penalty of law, by this signature that this document was prepared by me, or under my direction, and the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am also aware that there are significant penalties for submitting false information.

PHYSICAL AND CHEMICAL DATA *

Date	Turbidity		Alkalinity		pH		Hardness		Iron		Manganese		Phosphate	Fluoride
	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Finished	Finished
1	4.1	.04			8.42	7.82							.21	
2	4.0	.04			8.36	7.81							.21	
3	3.7	.04			8.37	7.77							.19	
4	3.2	.04			8.40	7.80							.22	
5	2.6	.04			8.38	7.81							.20	
6	3.0	.04			8.41	7.78							.15	
7	2.5	.04			8.39	7.77							.12	
8	3.9	.04			8.37	7.80							.22	
9	3.2	.04			8.40	7.78							.20	
10	2.2	.04			8.40	7.81							.12	
11	2.8	.04			8.40	7.85							.04	
12	1.9	.04			8.38	7.86							.12	
13	1.6	.03			8.35	7.87							.08	
14	1.8	.03			8.34	7.88							.08	
15	2.9	.03			8.36	7.88							.08	
16	3.7	.04			8.35	7.85							.10	
17	3.0	.04			8.33	7.86							.08	
18	1.9	.04			8.46	7.90							.06	
19	4.2	.04			8.33	7.81							.07	
20	1.5	.03			8.40	7.84							.08	
21	1.5	.03			8.39	7.83							.03	
22	3.9	.03			8.33	7.83							.04	
23	3.3	.03			8.43	7.81							.03	
24	2.1	.04			8.37	7.84							.15	
25	4.7	.04			8.35	7.86							.15	
26	3.1	.04			8.30	7.86							.15	
27	1.4	.04			8.38	7.82							.11	
28	1.5	.04			8.34	7.80							.13	
29	2.1	.03			8.29	7.81							.18	
30	2.1	.04			8.27	7.79							.04	
31	2.9	.04			8.32	7.80							.08	

* All parameters are to be expressed in mg/l except pH and turbidity
DUE BY THE 10TH OF THE MONTH FOLLOWING THE REPORTING PERIOD

Date	Water Treated 1000 gallons	Chemicals Used -- Pounds						Filters			Chlorine Residual			Remarks
		Salt	Alum	Lime	Soda Ash	Carbon	Chlorine	Fluoride	Phosphate	Filter Run (hours)	Gallons per wash x 1000	Plant Tap	D. S.	
												Free	Total	
1	7619		728				146		6.5	117	151	1.25	1.72	90 1.21
2	7548		720				147		6.5	117	161	1.26	1.48	1.01 1.21
3	7555		722				146		6.5	118.5	177	1.23	1.44	71 89
4	7492		730				146		4.9	117	120	1.20	1.42	88 1.06
5	7539		734				148		8.2	117	139	1.24	1.46	46 1.10
6	7543		724				145		6.5	120		1.25	1.46	1.10 1.20
7	7610		732				147		4.9	120		1.20	1.41	94 1.20
8	7550		742				153		6.5	117	164	1.12	1.30	42 1.00
9	7500		732				156		6.5	117	138	1.16	1.36	83 1.01
10	7432		763				155		4.9	118.5	129	1.30	1.53	1.06 1.19
11	7315		726				153		4.9	117	104	1.37	1.60	84 1.04
12	7416		708				149		8.2	120		1.38	1.59	1.11 1.19
13	7523		686				149		4.9	120		1.35	1.56	1.11 1.30
14	7419		672				176		6.5	120		1.32	1.53	1.08 1.38
15	7455		654				153		6.5	117	166	1.32	1.52	96 1.05
16	7506		664				154		8.7	117	153	1.36	1.56	82 1.06
17	7402		668				185		1.6	118.5	192	1.45	1.70	50 62
18	7454		658				170		9.8	120		1.62	1.86	1.25 1.45
19	7487		668				173		6.5	117	149	1.51	1.72	1.18 1.36
20	7454		654				161		4.9	120		1.59	1.80	1.21 1.40
21	7461		656				153		6.5	120		1.58	1.79	1.18 1.39
22	7463		660				150		4.9	117	147	1.40	1.61	92 1.17
23	7420		658				150		6.5	117	149	1.36	1.56	85 1.01
24	7328		656				149		4.9	118.5	160	1.39	1.59	1.00 1.19
25	7310		656				148		8.2	117	151	1.47	1.68	1.12 1.38
26	7371		664				151		6.5	117	143	1.50	1.71	1.04 1.26
27	7350		605				150		4.9	120		1.51	1.72	1.06 1.18
28	7341		718				150		4.9	120		1.55	1.71	1.12 1.22
29	7361		668				142		6.5	117	143	1.36	1.57	72 87
30	7387		660				148		8.2	117	130	1.41	1.63	95 1.15
31	7361		666				150		3.3	118.5	134	1.41	1.63	1.09 1.25
												Monthly Water Treatment		
												Total Gallons		231,002
												Max. Day		7649
												Min. Day		7310
												Avg. Daily		7452
												Mail to:		
												Indiana Department of		
												Environmental Management		
												Drinking Water Branch, MC 66-34		
												100 North Senate Avenue		
												Indianapolis, IN 46204-2251		



MONTHLY INDIVIDUAL FILTER EFFLUENT (IFE) TURBIDITY MONITORING

State Form 53293 (R2 / 10-13)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (IDEM)

OFFICE OF WATER QUALITY – DRINKING WATER BRANCH – COMPLIANCE SECTION

- INSTRUCTIONS:**
1. Individual filters must be monitored continuously recorded every fifteen (15) minutes. Exceedance of the performance requirement triggers follow-up action (i.e. it is not a violation).
 2. If there is a failure in the continuous turbidity monitoring equipment, Subpart H systems serving a population of at least ten thousand (10,000) individuals must conduct grab sampling every four (4) hours instead of continuous monitoring, but for no more than five (5) working days following the failure of the equipment. Subpart H system serving a population of fewer than ten thousand (10,000) individuals must conduct grab sampling every four (4) hours instead of continuous monitoring until the turbidimeter is back in operation. The system has fourteen (14) days to resume continuous monitoring before a violation is incurred.
 3. The system must report the filter number, turbidity measurements and date(s) on which the exceedance occurred by the 10th of the next month.
 4. When turbidity levels are exceeded in consecutive months, the water system must provide to IDEM all previous consecutive monthly monitoring forms for which the filter exceeded the levels.

	For systems that serves at least 10,000 people	For systems that serves less than 10,000 people
*	The system must both produce a filter profile within seven (7) days of the exceedance and report that it has been produced, or report the cause of the exceedance (if known). Attach information identifying every 15-min turbidity reading that caused the exceedance.	Attach information identifying every 15-min turbidity reading that caused the exceedance. Report the cause of the exceedance (if known). No filter profiling requirements.
**	The system must both produce a filter profile for the filter within seven (7) days of the exceedance and report that it has been produced, or report the obvious reason for the exceedance (if known).	Report the cause of the exceedance (if known).
***	The system must conduct a self-assessment of the filter within fourteen (14) days of the exceedance and report that it was conducted.	The system must conduct a self-assessment of the filter within fourteen (14) days of the exceedance and report that it was conducted.
****	A comprehensive performance evaluation (CPE) must be arranged no later than thirty (30) days after the filter exceeded 2.0 NTU for the second straight month. The CPE must be completed and the report submitted within ninety (90) days of the exceedance.	A comprehensive performance evaluation (CPE) must be arranged no later than sixty (60) days after the filter exceeded 2.0 NTU for the second straight month, and must be completed and the report submitted within 120 days after the final exceedance.

☒ Yes ☐ No Did every individual filter that was in operation have at least 95% of its turbidity measurements at or below 0.15 NTU this month?

☐ Yes ☒ No Did any individual filter have a measured turbidity greater than 0.3 NTU in two (2) consecutive measurements taken fifteen (15) minutes apart this month?

☒ Yes ☐ No Were at least 95% of the turbidity measurements taken at the combined filter effluent at or below 0.15 NTU during this month?



IE/LT1 SWTR COMBINED FILTER EFFLUENT TURBIDITY

State Form 53294 (6-07)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251

PWSID:

IN5245012

System Name:

East Chicago Water Dept

Plant Name:

Conventional

Plant Number:

01

This form must be completed and submitted to IDEM within the first ten (10) days after the end of the monitoring period in which the samples were collected.

Monitoring Period (MM/DD/YYYY):

08 / 01 / 2016

Please submit completed form to:

IDEM OWQ - Drinking Water Branch

100 N Senate Avenue

Indianapolis, IN 46204-2251

Day	Hours of Operation	Raw Water Turbidity	Record Combined Effluent Turbidity Every Four Hours on a Daily Basis						Daily Max	Number >0.3 NTU
			1st	2nd	3rd	4th	5th	6th		
1	24.0	4.1	04	04	03	04	04	04	04	
2	24.0	4.0	04	04	04	04	04	04	04	
3	24.0	3.7	04	04	04	04	04	04	04	
4	24.0	3.2	04	04	04	04	04	04	04	
5	24.0	2.6	04	04	04	04	04	04	04	
6	24.0	3.0	04	04	04	04	04	04	04	
7	24.0	2.5	04	04	04	04	04	04	04	
8	24.0	3.9	04	04	04	04	04	04	04	
9	24.0	3.2	04	04	04	04	04	04	04	
10	24.0	2.2	04	04	04	04	05	05	05	
11	24.0	2.8	04	04	04	04	04	04	04	
12	24.0	1.9	04	04	04	04	04	04	04	
13	24.0	1.6	04	04	03	03	03	03	04	
14	24.0	1.8	04	03	03	03	04	03	04	
15	24.0	2.9	03	03	03	03	03	03	03	
16	24.0	3.7	03	04	04	04	04	04	04	
17	24.0	3.0	04	04	04	04	04	04	04	
18	24.0	1.9	04	04	04	04	04	04	04	
19	24.0	4.2	04	04	04	04	04	04	04	
20	24.0	1.5	04	04	03	03	03	03	04	
21	24.0	1.5	03	03	03	03	03	03	03	
22	24.0	3.9	03	03	03	03	03	03	03	
23	24.0	3.3	03	03	03	03	04	04	04	
24	24.0	2.1	04	04	04	04	04	04	04	
25	24.0	4.7	04	04	04	04	04	04	04	
26	24.0	3.1	04	04	04	04	04	04	04	
27	24.0	1.4	04	04	04	04	04	04	04	
28	24.0	1.5	04	04	04	04	04	04	04	
29	24.0	2.1	04	03	03	03	03	03	04	
30	24.0	2.1	04	04	04	04	04	04	04	
31	24.0	2.9	04	04	04	04	04	04	04	

I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By:

Date:

9/1/16

Reviewed by:



CHLORINE AND CHLORAMINES RESIDUAL REPORTING (POE)

State Form 53295 (R / 3-12)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251.

PWSID:	Plant Number:	System Name:
IN5245012	01	East Chicago Water Dept
<input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines	Plant Name:	
	Conventional	
This form must be completed and submitted to IDEM within the first ten (10) days after the end of the monitoring period in which the samples were collected.		
Monitoring Period (mm/dd/yyyy):		
08 / 01 / 2016		
Please submit completed form to:		
IDEM - Drinking Water Branch 100 N Senate Avenue Indianapolis, IN 46204-2251		

Daily Point-of-Entry (POE) Residual (Subpart H Systems Only)

If you are using chlorine, check the chlorine box above and report free chlorine results.

If you are using chloramines, check the chloramines box above and report total chlorine results.

If residual is below 0.2 for free chlorine or 0.5 for total chlorine below minimum required level, check the box below.

Day	Lowest Residual @ POE (mg/L)	Check here if below minimum required level.	Date reported if below required minimum level (mm/dd/yy)	Day	Lowest Residual @ POE (mg/L)	Check here if below minimum required level.	Date reported if below required minimum level (mm/dd/yy)
1	1.2	<input type="checkbox"/>		17	1.3	<input type="checkbox"/>	
2	1.2	<input type="checkbox"/>		18	1.6	<input type="checkbox"/>	
3	1.2	<input type="checkbox"/>		19	1.5	<input type="checkbox"/>	
4	1.2	<input type="checkbox"/>		20	1.5	<input type="checkbox"/>	
5	1.2	<input type="checkbox"/>		21	1.5	<input type="checkbox"/>	
6	1.2	<input type="checkbox"/>		22	1.3	<input type="checkbox"/>	
7	1.2	<input type="checkbox"/>		23	1.3	<input type="checkbox"/>	
8	1.0	<input type="checkbox"/>		24	1.3	<input type="checkbox"/>	
9	1.1	<input type="checkbox"/>		25	1.4	<input type="checkbox"/>	
10	1.2	<input type="checkbox"/>		26	1.5	<input type="checkbox"/>	
11	1.3	<input type="checkbox"/>		27	1.5	<input type="checkbox"/>	
12	1.3	<input type="checkbox"/>		28	1.4	<input type="checkbox"/>	
13	1.3	<input type="checkbox"/>		29	1.3	<input type="checkbox"/>	
14	1.3	<input type="checkbox"/>		30	1.4	<input type="checkbox"/>	
15	1.3	<input type="checkbox"/>		31	1.4	<input type="checkbox"/>	
16	1.3	<input type="checkbox"/>		Example	0.1	<input checked="" type="checkbox"/>	05/28/06

Note:
As per 327 IAC 8-2-8.8(c), systems serving more than 3,300 customers are required to continuously monitor the residual disinfectant concentration of the water entering the distribution system and must record the lowest value each day. If there is a failure in their monitoring equipment, grab sampling is required every four (4) hours, but for no more than two (2) working days following failure of the equipment.

Certification:

All POE residual disinfectant sampling have been properly carried out by me or under my direct supervision following the approved methods specified by the rule, as per 327 IAC 8-2-8.7(5). All residual testing equipment has been properly calibrated with a grab sample at least every five (5) days, as per 327 IAC 8-2-8.7(5)(F). I certify that this system complied with all the rule requirements applicable for this monitoring / reporting period.

Completed by: Pete Harretos

Signature: [Signature]

Title: Plant Manager

Date: 09/01/2016



CHLORINE AND CHLORAMINES RESIDUAL REPORTING (DS)

State Form 53296 (R / 5-12)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251.

PWSID:	System Name:
I N S 2 4 5 0 1 2	E a s t C h i c a g o W a t e r D e p t
<input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines	(Indicate the residual disinfectant used throughout your distribution system.)
This form must be completed and submitted to IDEM within the first ten (10) days after the end of the monitoring period in which the samples were collected.	Monitoring Period (mm/dd/yyyy): 0 8 / 0 1 / 2 0 1 6
	Please submit completed form to: IDEM - Drinking Water Branch 100 N Senate Avenue Indianapolis, IN 46204-2251

Distribution System Residual

Total Number of Monthly Samples Required:
(Must be equal to the number of Total Coliform Samples Required.)

3 6

Number of Disinfectant Residual Samples Collected:

4 7

Distribution System Residual Disinfectant Average this month:
(Must be greater than or equal to 0.2 mg/L for free chlorine or 0.5 mg/L for total chlorine and less than or equal to 4.0 mg/L.)

1 . 0 mg/L

Distribution System Running Annual Average (leave blank if unknown):

1 . 1 mg/L

Number of Samples where Disinfectant Residual was not Detected:

0

Percent of Monthly Samples where Disinfectant Residual was not Detected:
(Must not exceed 5.0% as per 327 IAC 8-2-8.6(3).)

0 . 0 %

Certification:

All residual disinfectant sampling have been properly carried out by me or under my direct supervision following the approved methods specified by the rule, as per 327 IAC 8-2-8.7(5). All residual testing equipment has been properly calibrated with a grab sample at least every five (5) days, as per 327 IAC 8-2-8.7(5)(F). I certify that this system complied with all the rule requirements applicable for this monitoring / reporting period.

Completed by: Pete Harretos

Signature: [Signature]

Title: Plant Manager

Date: 0 9 / 1 0 / 1 1 2 0 1 6

IMPORTANT NOTE FOR SUBPART H (SURFACE WATER OR GWUDI) SYSTEMS:

Subpart H (surface water or groundwater under direct influence from surface water) systems are also required to complete a separate form for Point-of-Entry residual.

Please contact IDEM if Heterotrophic Plate Count (HPC) is being used in lieu of disinfectant residual monitoring.

EAST CHICAGO WATER FILTRATION PLANT

Backwash Recycling Record

PWSID 5245012

Aug-16

	Recycled	Plant Production	Recycled	Plant Production	%
Date	gal/day	gal/day	gal/min	gal/min	Recycled
8/1/2016	301,000	7,649,000	209	5312	3.9%
8/2/2016	321,000	7,548,000	223	5242	4.3%
8/3/2016	177,000	7,555,000	123	5247	2.3%
8/4/2016	239,000	7,492,000	166	5203	3.2%
8/5/2016	278,000	7,539,000	193	5235	3.7%
8/6/2016	-	7,543,000	0	5238	0.0%
8/7/2016	-	7,610,000	0	5285	0.0%
8/8/2016	328,000	7,550,000	228	5243	4.3%
8/9/2016	276,000	7,500,000	192	5208	3.7%
8/10/2016	129,000	7,432,000	90	5161	1.7%
8/11/2016	208,000	7,315,000	144	5080	2.8%
8/12/2016	-	7,416,000	0	5150	0.0%
8/13/2016	-	7,523,000	0	5224	0.0%
8/14/2016	-	7,419,000	0	5152	0.0%
8/15/2016	331,000	7,455,000	230	5177	4.4%
8/16/2016	306,000	7,506,000	213	5213	4.1%
8/17/2016	192,000	7,402,000	133	5140	2.6%
8/18/2016	-	7,454,000	0	5176	0.0%
8/19/2016	298,000	7,487,000	207	5199	4.0%
8/20/2016	-	7,454,000	0	5176	0.0%
8/21/2016	-	7,461,000	0	5181	0.0%
8/22/2016	293,000	7,463,000	203	5183	3.9%
8/23/2016	294,000	7,420,000	204	5153	4.0%
8/24/2016	160,000	7,328,000	111	5089	2.2%
8/25/2016	302,000	7,310,000	210	5076	4.1%
8/26/2016	285,000	7,371,000	198	5119	3.9%
8/27/2016	-	7,350,000	0	5104	0.0%
8/28/2016	-	7,341,000	0	5098	0.0%
8/29/2016	286,000	7,361,000	199	5112	3.9%
8/30/2016	259,000	7,387,000	180	5130	3.5%
8/31/2016	134,000	7,361,000	93	5112	1.8%

**FILTER BACKWASH RECYCLING RULE (FBRR) RECORDKEEPING**

State Form 54186 (2-10)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (IDEM)

OFFICE OF WATER QUALITY - DRINKING WATER BRANCH - COMPLIANCE SECTION

MONTH Aug YEAR 2016PWSID: 5245012System Name: East Chicago Water Dept.Plant/POE: 1

Type of Recycle Stream	Indicate Frequency at which flow is returned (or N/A)
Spent Filter Backwash	as needed
Thickener Supernatant	na
Liquids from Dewatering Process	na
Other (specify):	na

Filter Information	Filter Number/ID			
	1	2	3	4
Average Duration of Backwash (in minutes)	16	15	15	16
Maximum Duration of Backwash (in minutes)	16	16	16	18
Average Backwash Flow (in gpm)	8,937.5	9,866.6	9,400.0	9,312.5
Maximum Backwash Flow (in gpm)	11,812.5	13,583.3	12,800.0	11,062.5
Run Length Time of Filter (include units)	104 hrs	106 hrs	106 hrs	105 hrs
Criteria for Terminating Filter Run	Head Loss: <input type="checkbox"/>	Head Loss: <input type="checkbox"/>	Head Loss: <input type="checkbox"/>	Head Loss: <input type="checkbox"/>
	Run Time: <input checked="" type="checkbox"/>	Run Time: <input checked="" type="checkbox"/>	Run Time: <input checked="" type="checkbox"/>	Run Time: <input checked="" type="checkbox"/>
	Turbidity: <input checked="" type="checkbox"/>	Turbidity: <input checked="" type="checkbox"/>	Turbidity: <input checked="" type="checkbox"/>	Turbidity: <input checked="" type="checkbox"/>

Was treatment or equalization provided to the recycle flows?

☐ Yes☒ No

If yes, please complete the following table:

Type of Treatment Provided <u>Before</u> Recycling	
Typical Hydraulic Loading Rate (gpm/ft ²)	
Maximum Hydraulic Loading Rate (gpm/ft ²)	
Specify Type of Chemical Used	
Average Dose of Chemical (mg/L)	
Frequency of Chemical Addition	
Frequency at Which Solids are Removed	
Monthly Amount of Solids Removed	
Disposal or Treatment Method Used to Treat the Solids	

**FILTER BACKWASH RECYCLING RULE (FBRR) RECORDKEEPING**

State Form 54186 (2-10)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (IDEM)

OFFICE OF WATER QUALITY - DRINKING WATER BRANCH - COMPLIANCE SECTION

MONTH Aug YEAR 2016

PWSID: 5245012 System Name: East Chicago Water Dept.
Plant/POE: 1

Type of Recycle Stream	Indicate Frequency at which flow is returned (or N/A)
Spent Filter Backwash	as needed
Thickener Supernatant	na
Liquids from Dewatering Process	na
Other (specify):	na

Filter Information	Filter Number/ID			
	6			
Average Duration of Backwash (in minutes)	16			
Maximum Duration of Backwash (in minutes)	16			
Average Backwash Flow (in gpm)	9,062.5			
Maximum Backwash Flow (in gpm)	10,125.0			
Run Length Time of Filter (include units)	115 hrs			
Criteria for Terminating Filter Run	Head Loss: <input type="checkbox"/>	Head Loss: <input type="checkbox"/>	Head Loss: <input type="checkbox"/>	Head Loss: <input type="checkbox"/>
	Run Time: <input checked="" type="checkbox"/>	Run Time: <input type="checkbox"/>	Run Time: <input type="checkbox"/>	Run Time: <input type="checkbox"/>
	Turbidity: <input checked="" type="checkbox"/>	Turbidity: <input type="checkbox"/>	Turbidity: <input type="checkbox"/>	Turbidity: <input type="checkbox"/>

Was treatment or equalization provided to the recycle flows? ☐ Yes ☒ No

If yes, please complete the following table:

Type of Treatment Provided <u>Before</u> Recycling	
Typical Hydraulic Loading Rate (gpm/ft ²)	
Maximum Hydraulic Loading Rate (gpm/ft ²)	
Specify Type of Chemical Used	
Average Dose of Chemical (mg/L)	
Frequency of Chemical Addition	
Frequency at Which Solids are Removed	
Monthly Amount of Solids Removed	
Disposal or Treatment Method Used to Treat the Solids	

EAST CHICAGO WATER WORKS
REPORT OF BACTERIOLOGICAL ANALYSES

PWSID #5245012

MONTH AUGUST 2016

LAB ID #M-45-2

SAMPLE COLLECTION						RECEIVED IN LAB			ANALYSES			COLILERT RESULTS		
S A M P L E #	L O C A T I O N	C H L O R I N E	R E S I D U A L	D A T E	T I M E	S A M P L E R	D A T E	T I M E	R E C E I V E D B Y	A N A L Y S T	D A T E	T I M E	T O T A L	E - C O L I
1	15	-5.63	83	9/30	NR		8-3	10:30 AM	WR	WR	8-3	12 PM	A	A
2	12	-1.06	83	9/30	WR		8-3	10:30 AM	WR	WR	8-3	12 PM	A	A
3	16	-0.98	83	10/30	WR		8-3	10:30 AM	WR	WR	8-3	12 PM	A	A
4	05	-7.87	84	11/30	WR		8-4	1:40 PM	WR	WR	8-4	1:30 PM	A	A
5	08	-9.24	84	1/30	WR		8-4	1:40 PM	WR	WR	8-4	1:30 PM	A	A
6	10	-11.07	84	10/30	WR		8-4	11:20 AM	WR	WR	8-4	12:30 PM	A	A
7	14	-7.44	84	10/30	WR		8-4	11:20 AM	WR	WR	8-4	12:30 PM	A	A
8	04	-9.14	8-10	10/30	WR		8-10	11:15 AM	WR	WR	8-10	12 PM	A	A
9	07	-1.13	8-10	9/30	WR		8-10	11:15 AM	WR	WR	8-10	1:30 PM	A	A
10	11	-2.90	8-11	9/30	WR		8-11	11:30 AM	WR	WR	8-11	12:30 PM	A	A
11	02	-0.89	8-11	11/30	WR		8-11	11:30 AM	WR	WR	8-11	12:30 PM	A	A
12	15	-9.16	8-16	1/30	WR		8-16	1:50 PM	WR	WR	8-16	2:10 PM	A	A
13	16	-6.95	8-16	1/30	WR		8-16	1:50 PM	WR	WR	8-16	2:10 PM	A	A
14	06	-5.63	8-17	10/30	WR		8-17	11:00 AM	WR	WR	8-17	12:30 PM	A	A
15	12	-5.61	8-17	9/30	WR		8-17	11:00 AM	WR	WR	8-17	12 PM	A	A
16	08	-1.35	8-18	10/30	WR		8-18	11:45 AM	WR	WR	8-18	12:30 PM	A	A

P=PRESENT A=ABSENT

NUMBER OF DISTRIBUTION SAMPLES REQUIRED - 30

ALL SAMPLES ANALYZED ARE 100 ml. VOLUME

TOTAL NUMBER OF SAMPLES ANALYZED _____

NUMBER OF COLIFORM POSITIVE _____

PERCENTAGE THAT ARE COLIFORM POSITIVE _____

3455 PENNSYLVANIA AVE.
EAST CHICAGO, IN 46312
PHONE 219-391-8487

LABORATORY DIRECTOR _____

DATE _____

PAGE _____ OF _____

EAST CHICAGO WATER WORKS
REPORT OF BACTERIOLOGICAL ANALYSES

PWSID #5245012

MONTH AUG 45 2016

LAB ID #M-45-2

SAMPLE COLLECTION						RECEIVED IN LAB			ANALYSES			COLILERT RESULTS		
SAMPLE #	LOCATION	CHLORINE	RESIDUAL	DATE	TIME	SAMPLER	DATE	TIME	RECEIVED BY	ANALYST	DATE	TIME	TO COLIFORM	E-COLI
17	C5	1.15 1.40		8-18	11:03 AM	WR	8-18	11:45 AM	WR	WR	8-18	12:30 PM	A	A
18	10	1.77 1.04		8-22	10:40 AM	WR	8-22	10:50 AM	WR	WR	8-22	1:30 PM	A	A
19	C7	1.06 1.30		8-22	9:30 AM	WR	8-22	10:50 AM	WR	WR	8-22	1:30 PM	A	A
20	C4	1.02 1.02		8-24	10:30 AM	WR	8-24	11:10 AM	WR	WR	8-24	12:45 PM	A	A
21	14	1.03 1.03		8-24	9:45 AM	WR	8-24	11:00 AM	WR	WR	8-24	12:45 PM	A	A
22	11	1.40 1.51		8-24	9:30 AM	WR	8-24	11:40 AM	WR	WR	8-24	12:45 PM	A	A
23	C3	1.23 1.49		8-25	10:20 AM	WR	8-25	11:50 AM	WR	WR	8-25	12:45 PM	A	A
24	16	1.01 1.26		8-25	11:15 AM	WR	8-25	11:50 AM	WR	WR	8-25	12:45 PM	A	A
25	17	1.97 1.14		8-29	10:50 AM	WR	8-29	11:05 AM	WR	WR	8-29	12:45 PM	A	A
26	C6	1.50 1.60		8-29	10:30 AM	WR	8-29	11:05 AM	WR	WR	8-29	12:45 PM	A	A
27	15	1.96 1.16		8-30	11:15 AM	WR	8-30	11:25 AM	WR	WR	8-30	11:45 AM	A	A
28	12	1.93 1.14		8-30	10:20 AM	WR	8-30	11:25 AM	WR	WR	8-30	11:50 AM	A	A
29	C8	1.10 1.17		8-31	9:45 AM	WR	8-31	11:10 AM	WR	WR	8-31	12:15 PM	A	A
30	C5	1.18 1.30		8-31	10:45 AM	WR	8-31	11:10 AM	WR	WR	8-31	12:15 PM	A	A

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